

WEMMH/SB/21 (4/03)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/942 317	RECEIVED CENTRAL FAX CENTER AUG 24 2005
	Filing Date	August 29, 2001	
	First Named Inventor	Thuan PHAM	
	Group Art Unit	1746	
	Examiner Name	Zeinab El-Arini	
Total Number of Pages in this Submission	15	Attorney Docket Number	8016-548/8-02-12208

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached see PTO-2038 form <input checked="" type="checkbox"/> Amendment Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - 2 months <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure (please identify below) <input type="checkbox"/> Return Receipt Postcard
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP	
Signature	<i>James M. Durlacher</i>	
Date	August 24, 2005	

Certificate of Mailing			
I hereby certify that this correspondence is being telefaxed to the United States Patent and Trademark Office, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 via Telefax No. 671-273-8300 on this date: August 24, 2005			
Typed or printed name	James M. Durlacher, Reg. No. 28,840		
Signature	<i>James M. Durlacher</i>	Date	August 24, 2005

WEIMH/5B/17 (12/04)

OMB 0651-0032

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**FEE TRANSMITTAL
FOR FY 2005**

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

☐ Applicant claims small entity status. See 37 CFR 1.27Total Amount of Payment (\$)**450.00****Complete If Known**

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CENTRAL FAX CENTER**AUG 24 2005****METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit card ☐ Money ☐ Other ☐ None ☐ Other (please identify):☐ Deposit Account:Deposit Account Number **23-3030**Deposit Account Name **Woodard, Emhardt, Moriarty,
McNett & Henry LLP**

See PTO 2038 Form

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments ☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION:****1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$ 0
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	180	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

2. EXCESS CLAIM FEES**Fee Description**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

Multiple Dependent Claims

* - 20 or HP = * x 50 = (\$)0Fee Fee Paid (\$)

(HP = highest number of total claims paid for, if greater than 20)

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 360 \$ 0* - 3 or HP = * x 200 = (\$)0

(HP = highest number of independent claims paid for, if greater than 3)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(e).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = / 50 = (round up to a whole number) x = Fee Paid (\$) **4. OTHER FEE(S)**

Non-English Specification.

Fee Paid (\$)

Other: Fee for 2 month Ext. of Time

\$450.00

SUBMITTED BY:Name (Print/Type): **James M. Durlacher**Registration No.:
(Attorney/Agent)

28,840

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Signature: *James M. Durlacher*

Date: August 24, 2005

CERTIFICATE OF MAILING OR TRANSMISSION

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Name (Print/Type) **Sandra L. Stütz**Signature *Sandra L. Stütz*

Date August 24, 2005